State of Connecticut
DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES
410 Capitol Avenue, MS#14PIT • Hartford, Connecticut 06134-1431

PREVENTION SITE VISIT PROTOCOL PILOT

This site visit protocol is intended to help funded programs prepare for the site visit and allow DMHAS staff the opportunity to review your program before they arrive. Please complete the following information and return it to DMHAS at least one week before your scheduled site visit. Please feel free to extract information from your quarterly reports to help complete this form.

PART A: Agency and Program Information	
Administrative information about your agency and your DMHAS-funded program initiative.	

1	PERIOD COVERED BY SITE VISIT ____/____/____ to ____/____/____.	DATE OF SITE VISIT ____/____/____.
2	FORMAL TITLE OF YOUR PROJECT FUNDED UNDER THIS INITIATIVE	TYPE OF FUNDING INITIATIVE UNDER REVIEW DURING THE SITE VISIT (check one) ☐ Best Practices ☐ PSA ☐ Resource Link ☐ GPIY ☐ PRISM ☐ Capacity Building ☐ Family Strengthening ☐ LPC ☐ Other (write in)
3	AGENCY (Legal name and address of organization as filed with the Secretary of State)	PROGRAM NUMBER
	FEIN	AMOUNT OF FUNDING FOR CURRENT FISCAL YEAR
4	TOWNS SERVED UNDER THIS INITIATIVE (write in)	
5	NAME OF PROGRAM PERSON COMPLETING THIS FORM	TITLE OF PERSON COMPLETING THIS FORM
	AGENCY OF PERSON COMPLETING THIS FORM	TELEPHONE NUMBER / FAX NUMBER
	WORK ADDRESS OF PERSON COMPLETING THIS FORM	E-MAIL ADDRESS (of person completing this form)
6	NAME OF FISCAL AGENT CONTACT PERSON	TELEPHONE NUMBER / FAX NUMBER
	FISCAL AGENCY	E-MAIL ADDRESS (of fiscal agency contact)
7	DATE FORM COMPLETED ____/____/	

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PART B: Agency Capacity and Project Administration
The information requested in this section addresses your agency's operational structure and resources. It will be used to assess your agency's ability and readiness to implement the funded program.

WRITTEN POLICIES AND PROCEDURES

1. **Indicate whether your agency has each of the following. Be prepared to share or discuss anything marked "Yes" with your DMHAS Site Visitor.** (check *one* box on *each* line)

Does the agency have …	Yes (Formal/written)	Yes (Informal)	No
Prevention framework to guide efforts	☐	☐	☐
Current mission/vision/values statement..	☐	☐	☐
Organizational management chart	☐	☐	☐
Anti-discrimination policy...	☐	☐	☐
Cultural competency plan..	☐	☐	☐

STAFFING

2. **Indicate whether your agency has each of the following. Be prepared to share or discuss anything marked "Yes" with your DMHAS Site Visitor.** (check *one* box on *each* line)

Does the agency have …	Yes Formal/written	Yes Informal	No
Current and accurate job descriptions..	☐	☐	☐
Staff orientation process..	☐	☐	☐
Professional training and development plans	☐	☐	☐
Staff certification plans	☐	☐	☐
Staff recruitment and retention policies..	☐	☐	☐

3. **How many adult staff are employed by your agency in total AND on the project funded by the DMHAS initiative under review during this site visit? Please answer *both* in terms of the actual number of staff members as well as the number of full-time employees (FTEs) that they represent. For example, if you have 4 full-time staff members and 3 half-time staff, you have 7 Staff Members representing 5.5 FTE Staff.** (write in answers to *all* items)

a. **ALL AGENCY STAFF** (including DMHAS project and administrative staff)**:_____.**

b. **DMHAS PROJECT STAFF ONLY:** _____ *NUMBER OF STAFF MEMBERS equivalent to* _____ *F.T.E. STAFF*

c. **NUMBER OF VOLUNTEERS** assigned to the DMHAS-funded initiative:_____.

d. **TOTAL VOLUNTEER HOURS PER WEEK** (if applicable):_____.

4. **In the table below, list all staff members on the project funded by the DMHAS initiative under review during this site visit. Provide (1) each individual's name, (2) their project position, (3) the number of hours that they work per week on this project, (4) their project responsibilities, and (5) a description of any other work that they do for your agency. Attach another sheet or continue on the back if you need more room.**

Name	Project Position	Project Hours per Week	Project Responsibilities	Other Agency Work

5. **Have there been any changes, additions, or vacancies during the period covered by this site visit in staffing on the project funded by the DMHAS initiative under review?** (check *one*)

☐ Yes   ☐ No

If "Yes", describe the staff changes/additions/vacancies, the reason for these conditions, and the way in which you handled or plan to handle these conditions.

REFERRAL AND ANCILLARY SERVICES

6. **Check the appropriate box for the type of services your agency provide?** (check *all* that apply)

    ☐ Prevention   ☐ Intervention   ☐ Treatment   ☐ Other _____

7. **What, if any, other similar prevention programs does your agency have and what are the funding sources?**

SOURCE	FOCUS/OBJECTIVES
FEDERAL	
STATE	
OTHER (IDENTIFY SOURCE)	

8. **What, if any, additional support apart from DMHAS does your agency receive for the project under review during this site visit (include non-financial support)?**

9. **Describe your agency's referral processes. Please include information about processes that are used _both_ for referring clients into your programs and out of your agency for services not provided by your agency.**

10. **List the agencies with whom your DMHAS-funded project has formal or informal collaborative agreements (e.g., agreements to share resources, refer clients, etc.).** List the names of the agencies and provide a brief description of the agreement and any results of these collaborations. A *formal* agreement is written and sanctioned by your agency leadership. An *informal* agreement is understood by both agencies but not formalized. *Note: Please attach another sheet or continue on the back if you need more room.*

Type of Collaborating Agency	Names of Agencies	Description of Agreement and Results of Collaboration
Business community		
Faith community (e.g., clergy)		
Grassroots community organizations (e.g., neighborhood associations)		
Health care sector (e.g., physicians, hospitals)		
Law enforcement		
Local government (e.g., town or city government)		
Local media (e.g., newspaper, radio, TV)		
Non-governmental health/social service providers (e.g., family services)		
Schools		
Volunteer service organizations (e.g., Lions Club, Rotary)		
Youth services agencies (e.g., YMCA, Boys/Girls Club)		

RECORD KEEPING AND FILE VERIFICATION

11. **Indicate whether your agency has up-to-date,** *formal/written* **records of each of the following for the project funded by the DMHAS initiative under review during this site visit. Be prepared to share anything marked "Yes" with your DMHAS Site Visitor. Provide explanation for anything marked "Not Applicable."** (check *one* box on *each* line)

Do you have formal/written records of…	Yes	No	Not Applicable	→ If "Not Applicable," explain why.
Insurance and legal forms pertinent to the program..............	☐	☐	☐	_____
Agreements with subcontractors for professional services....	☐	☐	☐	_____
Agreements with other agencies/organizations	☐	☐	☐	_____
Program activities/interventions	☐	☐	☐	_____
Program meetings	☐	☐	☐	_____
Program curricula materials	☐	☐	☐	_____
Program participants (number, demographics, participation level)	☐	☐	☐	_____
Program publicity/media coverage..	☐	☐	☐	_____
Evaluation plan..	☐	☐	☐	_____
Evaluation activities..	☐	☐	☐	_____
Study participant consent forms	☐	☐	☐	_____
Institutional Review Board (IRB) proceedings (review to guarantee protection of human subjects)...........................	☐	☐	☐	_____
Background checks/clearances for staff and/or volunteers...	☐	☐	☐	_____

PART C: Project Information

12. **Who is primarily responsible for the** <u>evaluation</u> **of your project (i.e., tracking its progress)?**

☐ Project Staff Person (write in name)

☐ Contracted Evaluator (write in name) _____

☐ Other (write in name) _____

☐ No Evaluator/ Evaluation _____

13. **Briefly describe how you are tracking the progress and impact of your project. Include a description of your (a)** <u>process</u> <u>evaluation</u> **activities** (Is the project implemented as planned – description of materials and activities) **and (b)** <u>outcome</u> <u>evaluation</u> **activities** (What impact does the project have – assessment of achievements and effects).

    a. **How are you tracking your process evaluation activities?** (Examples of <u>process evaluation</u> activities include tracking the number of program participants or number of people served, tracking whether program sessions are implemented as planned, keeping formal records of meetings, etc.)

    b. **How are you tracking your outcome evaluation activities?** (Examples of <u>outcome evaluation</u> activities include tracking changes in participant knowledge and attitudes as a result of the program, assessing improvement in quality of services as a result of the program, etc.)

14. **Identify any evaluation instruments you have utilized during the period covered by this site visit: (1) describe the instrument; (2) describe what it is intended to measure; and (3) explain how and when it was administered during this reporting period. Be prepared to share these instruments during the site visit. See the sample below for guidance.**

Description of Instrument	Intended to Measure	How and When Utilized
Middle school student survey	Health knowledge, attitudes, and behaviors	Administered to all public middle school students at the beginning and end of the school year

SUSTAINABILITY

15. Do you plan to continue the work that is funded by this DMHAS initiative once current funding ends? Your answer to this question will not affect your chances of future DMHAS funding. (check *one*)

☐ Yes ☐ No ☐ Don't Know

16. Identify any <u>additional</u> <u>resources</u> that you have obtained to continue the DMHAS funded initiative. (check *one* box on *each* line)

	Yes	No	→ If "Yes," explain funding obtained.
Grants Short term, specific initiatives, federal or state government, foundation	☐	☐	
Gifts Restricted or unrestricted	☐	☐	
Membership Fees	☐	☐	
Underwriting/Sponsorship Businesses, Chambers of Commerce, Rotary Clubs, Masons, Animal Clubs (Elks, Lions, etc.) may sponsor or underwrite specific programs and services	☐	☐	
Events Fundraising activities and awareness events	☐	☐	
Fee-for-Service Sliding scales dependent upon income	☐	☐	
Sale of Products or Services Products (t-shirts, bumper stickers, cook books, toys, etc.) sold to support programs and services	☐	☐	
Non-profit Business Affiliate A for-profit business created separate from 501c3 and profit supporting programs and services	☐	☐	
Bequests Money willed to a group	☐	☐	
Endowment Funds Donated Funds, may be restricted or unrestricted	☐	☐	
Awards Party applies to competition and are compensated monetarily	☐	☐	
Special Taxes Taxes set aside to support a particular program	☐	☐	
Program of Government Local government subsidizes program activities, police department , town funds, Community Development Block Grants	☐	☐	

17. Describe your plans for continuing the work (e.g., what program components will remain). Please describe any efforts you have made or will make to institutionalize your program into the community.

PART D: Project Successes, Challenges, and Changes
Your experiences in implementing your project.
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18. Describe the significant project <u>successes</u> or <u>accomplishments</u> during the period covered by this site visit *and* any efforts that you made to promote these successes within your community, to potential funders, etc. (e.g., media coverage). This includes successes/accomplishments related to program implementation, evaluation, staffing, or other issues.

19. Describe the significant <u>challenges</u> to your project that you encountered during the period covered by this site visit *and* how you addressed these issues. This includes challenges related to program implementation, evaluation, staffing, or other issues.

20. Describe any significant <u>changes</u> made to your project during the period covered by this site visit. This includes changes related to program implementation, evaluation, or other issues.

Implementation Changes

Evaluation Changes

Other Changes

21. In terms of project management, what technical assistance needs (if any) does your project have? This may, for example, include assistance with fiscal or administrative issues such as record-keeping, staff management, policies and procedures development, etc.

22. In terms of project implementation, what technical assistance needs (if any) does your project have? This may, for example, include assistance with strategic planning, staff training, recruitment, etc.

23. In terms of evaluation, what technical assistance needs (if any) does your project have?   This may, for example, include assistance in locating an evaluator, conducting needs assessments, reporting data, MDS reporting, etc.

24. In terms of sustainability, what technical assistance needs (if any) does your project have? This may, for example, include assistance in locating additional sources of funding, marketing program successes, evaluation, etc.

25. What (if any) other technical assistance needs does your project have?

PART F: Additional Information for DMHAS

26. Is there anything else that you would like to share with DMHAS or discuss during the upcoming site visit?

PART G: Records Review

Be prepared to share the following materials with DMHAS during the site visit. (You do not have to fill in any information in this section).

1. **DMHAS-funded project materials**

   a.   Curricula materials (e.g., manuals, videos).

   b.   Evaluation instruments (e.g., surveys, interview questions, curriculum fidelity checklists).

   c.   Evaluation reports (e.g., report on results from a student survey, needs assessment summary).

   d.   Meeting minutes.

   e.   Other supporting materials (e.g., tracking of project participants, description of program components).

2. **Agency materials identified in "Part B: Agency Capacity and Administrative Project Management"**

   a.   *Written Policies and Procedures* – Prevention framework to guide efforts; Current mission/vision/values statement; Organizational management chart; Anti-discrimination policy.

   b.   *Staffing Materials* – Current and accurate job descriptions; Staff orientation process; Professional training and development plans; Staff certification plans.

   c.   *Record Keeping and File Verification* – Insurance and legal forms pertinent to the program; Agreements with subcontractors for professional services; Agreements with other provider agencies; Program activities/interventions; Program meetings; Program curricula materials; Program participants (number, description, participation); Program publicity/media coverage; Evaluation plan; Evaluation activities; Study participant consent forms; Institutional Review Board (IRB) proceedings; Police clearances for staff and/or volunteers.

Thank you for completing this information. **Please return your completed form to DMHAS *at least one week prior* to your site visit.**